**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

| CLAINS AS FILED - PART I ((-olumn 1) (Column 2)   |  |   |                   |                       |                              |                  |          | SMALL ENTITY TYPE   |                        |          | OTHER THAN<br>OF SMALL ENTITY |  |
|---|--|---|-------------------|-----------------------|------------------------------|------------------|----------|---------------------|------------------------|----------|-------------------------------|--|
| TOTAL CLAIMS W7   |  |   |                   |                       |                              | ,,,,,            | [        | RATE                | FEE                    |          | RATE                          | FEE  |
| FOR   |  |   | NUMBER FILED      |                       | NUMBER EXTRA                 |                  | ŀ        | BASIC FEE           | 355.00                 | OR       | BASIC FEE                     | <b></b>  |
| то  | TAL CHARGEA                                      | BLE CLAIMS                                | √ 7_minus 20=     |                       | . 22                         |                  |          | X\$ 9=              |                        | OR       | X\$18=                        | 356.v  |
| INDEPENDENT CLAIMS  |  |   | 3 mir             | nus 3 =               | . 8                          |                  | }        | X40=                |                        | OR       | X80=                          | 1000   |
| MU  | LTIPLE DEPEN                                     | DENT CLAIM PI                             | RESENT            |                       |                              |                  |          | +135=               |                        | OR       | +270=                         |  |
| * If  | the difference                                   | in column 1 is                            | less than ze      | ro, ente              | "0" in column 2              |                  | Į.       | TOTAL               |                        | OR       | TOTAL                         | 1106.0   |
| CLAIMS AS AMENDED - PART II   |  |   |                   |                       |                              |                  |          | SMALL E             | במודודע                | OR       | OTHER<br>SWALL                | - 11   |
|   |  | (Column 1) CLAIMS                         | 7 (               | (Colui                |                              | (Column 3)       | ) F      | SHALL               |                        |          | SIMALL                        |  |
| AMENDWENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | . 43                                      | Minus             | 4                     | 12                           | = /-             |          | X\$ 9=              |                        | OR       | X\$18=                        | 18   |
|   | Independent                                      | NITATION OF MI                            | Minus             | ***                   | 5<br>FCLAIM                  | = /              |          | X40=                |                        | OR       | X80=                          |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                   |                       |                              |                  | 1        | +135=               |                        | OR       | +270=                         |  |
|   |  |   |                   |                       |                              |                  |          | TOTAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT. FEE           | FB red   |
|   |  |   |                   |                       |                              |                  |          |                     |                        |          |                               |  |
| 8   |  | (Column 1)<br>CLAIMS                      | ]                 | HIGH                  | mn 2)<br>IEST                | (Column 3)       |          |                     | ADDI-                  |          |                               | ADDI-  |
| AMENDMENT (   | 1  | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREVI                 | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |          | RATE                | TIONAL<br>FEE          |          | RATE                          | TIONAL   |
|   | Total  | . 45                                      | Minus             | Ŝ                     | S                            | = (20)           |          | X\$ 9=              |                        | OR       | X\$18=                        |  |
| AME   | Independent                                      | * &                                       | Minus             | ***                   |                              | = 8              |          | Xao                 |                        | OR       | X80=                          |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM " |   |                   |                       |                              |                  |          |                     |                        |          |                               |  |
|   |  |   |                   |                       |                              |                  |          | +135=               |                        | OR       | +270=                         |  |
| BEST AVAILABLE COPY   |  |   |                   |                       |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE           |  |
|   |  | (Column 1)                                | <del></del>       | (Colu                 |                              | (Column 3)       | n        |                     |                        |          |                               |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | o                 | NUM<br>PREVI          | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE                           |
| MON   | Total  | *   | Minus             | **                    |                              | =                |          | X\$ 9=              |                        | OR       | X\$18=                        |  |
| AME   | Independent                                      |   | Minus             | ***                   |                              | <u> -</u>        |          | X40=                |                        | OR       | X80=                          |  |
| ل   | FIRST PRESE                                      | NIATION OF M                              | ULTIPLE DEF       | ENDENT CLAIM          |                              |                  | <u> </u> |                     |                        | -        |                               | <del>                                     </del> |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                   |                       |                              |                  |          | +135=               |                        | OR       | +270=                         |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR ADD |  |   |                   |                       |                              |                  |          |                     |                        |          |                               |  |
|   | The "Highest Nun                                 | nber Previously Pa                        | id For" (Total or | Independ              | lent) is the                 | highest numbe    | er fou   | nd in the app       | ropriate box           | ( in col | lumn 1.                       |  |